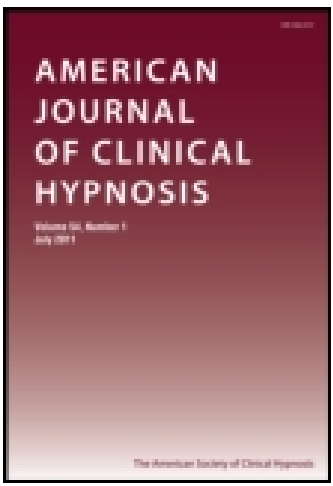

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REMOVAL OF SUBCONSCIOUS RESISTANCE TO HYPNOSIS USING IDEOMOTOR QUESTIONING TECHNIQUES

by David B. Cheek, M.D.[1]

Outwardly cooperative subjects may be subconsciously afraid of entering a hypnotic trance state. They often develop violent fluttering movements of the eyelids and complain of discomfort when asked to keep the eyes closed. Some will keep their eyes open after they have been asked to close them, as though the lids were in rigid catalepsy. Some will enter a light trance and then find some pretext for scratching an ear or adjusting the clothing in order to escape to an unhypnotized state. Some will give indications of hostility toward the hypnotist when previous behavior has been friendly. Some will show a fear reaction similar to that occurring in the excitement stage of inhalation anesthesia. Some may show a frightening appearance of pseudoshock.

Occasionally these subjects may be led adequately through this troubled phase by ordinary deepening techniques. They may become used to the border zone of hypnosis much as the timid bather may gradually enter the water after dipping in a finger and then a toe to see that it is reasonably safe. A large proportion of timid hypnotic subjects, however, will withdraw from an induced trance state and return to a more superficial level without knowing the reason for so doing. Frequently these patients are bitterly disappointed with themselves for the trouble they are causing. To stop efforts in their behalf at this point may not only be the dead-end for much-needed therapy but may add another weight of psychological failure to burdens already present.

Two gynecological patients during 1954 proved instructive in giving clues to possible reasons for this consciously cooperative but unconsciously resistant syndrome.

Case 1

A 32-year-old woman traveled many miles for consultation at the request of a friend who had told her about hypnosis. Her complaints included low-back pain, vaginal discharge, fatigue, dysmenorrhea, and loss of libido. There were no positive physical findings to account for her symptoms. It seemed, therefore, reasonable to show her a little about relaxing and how muscles could be overworking even though she believed them to be relaxed. While trying to imagine the downward pull of a heavy purse on one arm, this patient discontinued the exercise. Her manner changed as she said, "I came down here to find out what was wrong with me." With that she walked out of the office without saying goodbye.

A few weeks later I received an apologetic letter asking me to forgive her bad behavior. She wrote that while standing in my office she had sudednly been overwhelmed with a feeling of mixed fear and hostility toward me. It was not until she had nearly reached her home that the image of herself crossing an empty field on the way home from school had entered her mind. She had remembered that a man had overtaken her on the path across that field and had threatened her sexually. Although she had fainted, she knew her appearance had frightened the man away and had saved her from being molested. That experience had been separated by 21 years from the experience of using postural suggestion in my office, yet the sensations had appeared the same. She concluded her note with the question, "Do you suppose I went into hypnosis at that time?" I did not have a chance to answer this question but she stimulated me to pose some for myself and other patients.

Case 2

A 27-year-old woman, who had been trying unsuccessfully to have a child, became interested when hypnosis was recommended as a means of uncovering possible psychological factors. This patient had been interned for one year at a German concen-

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tration camp during World War II. She had seen her father led away to be killed. Because of age and graying hair, her mother's life too had been in constant danger. During the third hypnotic interview this patient said, "You know, I have had this feeling before. I think we must all have been in hypnosis during the first two weeks in that concentration camp. We did not care if we lived or not. We walked around in a sort of stupor."

Here were two experiences, one demonstrating a rejection of hypnosis because it reminded her of what might have been a spontaneously occurring hypnotic or hypnoidal state; the second, demonstrating a recognition that a medium hypnotic trance had similarities with what may have been a spontaneous medium trance in the prison situation. From their observations I was led to search for more information about spontaneous trance states.

There have been 60 consecutive patients who have shown conscious cooperation but unconscious resistance to entering hypnosis. Two of these did not permit further study, but 58 were able to discover the cause and subsequently became excellent subjects. Just as with the first two, these all believed their trouble stemmed from some previous traumatic experience during which they felt they had escaped into a protective trance. They all recognized that the initial frightening experience in the artificial induction with me had reminded them of the traumatic one. The natural reaction had been a wish to escape from this conditioned fear response until they learned that the hypnosis could be associated with pleasant thoughts too:

Types of hypnosis-producing traumatic experiences include the following:

Childhood unpleasant general inhalation anesthetic	43
Threatened or actual frightening sexual experience--(all female)	7
Accident involving unconsciousness or broken bones	6
Death, or serious injury, of a loved one	2
	58

General Technique of Investigation:

A. Development of Communication with Subconscious Material

(a) *With totally resistant subject, unable to enter hypnosis at all.* Use of Chevreul pendulum according to methods described by LeCron (2).

(b) *With subjects who repeatedly withdrew after entering a light hypnotic state.* Use of ideomotor finger signals (2).

Human beings learn to communicate with words later in life than they do by muscular efforts of gesture, facial expression, and alteration of voice tone. It takes effort to convert thoughts into articulated words, and this effort may lift the plane of thought from subconscious relationships to more conscious ones. We learn to watch for gestures and tone-inflections when studying sterility patients at the first visit when they respond to the question, "Did you want to become pregnant during the first few months of your marriage?" A questioning upswing of inflection on the halting "Yes" tells more than the articulated word. Some will emphatically answer, "Oh yes, I've always wanted children," while their heads are contradicting this with a side-to-side negative gesture.

It is possible with ideomotor questioning techniques first to learn if there is some cause for resistance to hypnosis, then to bracket the time of origin for that cause. Usually memory for the event can then be brought up from

the subconscious level to a conversational level where it can be described.

B. METHODS OF UNCOVERING AND CORRECTING THE CAUSE OF RESISTANCE

(a) *The totally resistant subject who is able to communicate using a Chevreul pendulum but unable to enter a hypnotic state.* Here the initial question may be:

(1) "Does the inner part of your mind have some fear of hypnosis?"

(2) "Would it be all right for you to know what causes this fear?"

(3) "Would it be all right for me to know?"

While answering the first question there may be a further block with a "no" or "I don't know" answer. In this event the following question will usually break through:

(4) "Is there a deeper level of thought which knows the answer to this question?"

Sometimes there will be a block on the second and third questions caused by a spontaneous age-regression to the time of the event. At the age of orientation the event may be too traumatic to discuss, but the regression may be made less poignant by shifting the orientation forward again to the time of interview with the question:

(5) "Would it be all right to know about and discuss this event in terms of your knowledge and experience of 1960?"

It is my feeling that this type of effort to break through an initial refusal to divulge information should always be made, since the subject will usually accept the therapist's implied reassurance that the material becomes less traumatic with passage of time. Closure of the questioning without this effort will underline the assumption that the material is really dark and ominous. We must let the subject know, for example, that the dropping of an ice-cream cone at the age of three may seem much more tragic to the child of three than it would for an adult of 33 looking back on that experience. When there has been acceptance of the questioning, and a willingness to discuss the matter, it is usually easy to bracket the origin of the frightening event in the following manner:

(6) "Has there been more than one cause for your fear of hypnosis?"

(7) "Did the cause or causes occur about the same time in your life?"

(8) "Was this before you were 20 years old?"

The rest of the bracketing depends on the answers indicated. It must be remembered that traumatic experiences equated by the subject with an hypnotic state may have occurred, so far as subjective understandings are concerned, at the time of, or even before, birth. We have only to recognize such subjective understandings to discover how frequently there are vivid subconscious recollections of the stressful period of transition from peace and relative quiet into the cold world of spanking, dangling by the heels, and irritation to the eyes. Auditory stimuli are heard and registered as though on a magnetic tape for later play-back when language knowledge has made the sounds understandable and special interpretations can be placed upon them.

When the source of trouble has been located in time area, by the process of continued questioning with a Chevreul pendulum, it is easy to discover the actual event. Often the subject will have drifted into a light hypnotic state and will develop sudden insight (1). It is not necessary, however, to bring the material up to a conscious level. The question can be asked:

(9) "Knowing what this was, do you recognize that you can use hypnosis comfortably at this later date

without being reminded of old unpleasant experiences?"

Although this may be disappointing for the therapist who is bursting with intellectual curiosity, it is, nevertheless, helpful for the subject to know that privacy is being respected.

(b) For those able to use finger signals while in a light hypnotic state the questioning is the same as with the Chevreul pendulum.

It is possible that interpretation of evidence has been distorted by my enthusiastic search for an answer. This has ever been a problem with scientific observation. It is comforting, however, to contemplate that, if there has been a misreading of the truth, it is only because the patients have been firmly convinced that what they were discovering was essential to the correction of the problem. The results have justified their conclusions and with 100% correction of the evil they have performed more satisfactorily than do medical patients with any other form of treatment which I have been permitted to use in the practice of medicine. A typical example follows:

CASE 3

A Mexican student in a primary symposium on hypnosis was one of three who were anxious to experience hypnosis before practicing inductions with each other. Using the suggestion that their subconscious minds would force apart their fingers as they entered a trance deep enough for them to produce some phenomena, I went through the motions of describing a peaceful place in the mountains. Two of the men dropped their pendulums and entered hypnosis. Dr. R grasped his pendulum more tightly. Beads of perspiration appeared on his forehead. His face and hands turned an ashy-gray color. I asked him to open his eyes and let the pendulum answer some questions. I asked him:

Q: "Have you ever felt like this before?"

A: "Yes."

Q: "Was this before you were 20 years old?"

A: "Yes."

Q: "Before you were 15?"

A: "No."

Q: "Does your subconscious mind now know what that was?"

A: "Yes."

Q: "Let your eyes close now, and if your inner mind will let you know what the experience is it will pull your fingers apart. As the pendulum falls to the table, the noise will bring that memory up to a conscious level where you can talk about it."

I remained silent for about 20 seconds. As his fingers released the chain, he appeared disturbed. A split second later, as the plastic ball of the pendulum struck the table, he lifted his left hand to the side of his head, opened his eyes and said: "I know now. I was in gymnasium exercises and I was the top man in one of those pyramids. The man below stumbled, and I landed on the side of my head on the cement floor." There seemed to be no further comment. I asked him to pick up the pendulum and answer this question:

Q: "Do you now think you can enter hypnosis comfortably, and be free of the reaction you had a little while ago?"

A: "Yes."

The doctor promptly put himself into hypnosis and repeated the self-hypnosis several times that evening without further reaction. It should be noted that positive, optimistic questions were used, implying that there might be some experience from previous life to account for his evident fear during the first induction. Positive suggestions were continued in the formation of questions so that he might understand there would be a solution and that this solution would help him to be a good subject. This might indicate to the uninitiated that I was forcing his subconscious mind to choose a reason in order to satisfy my needs and relieve the pressure upon him to find an acceptable reason, no matter what it might be. Those who have used therapeutically slanted ideomotor questioning will, I think, agree that it is not easy to force answers of an artificial nature from the subconscious mind.

I have frequently been contradicted and corrected by patients in deep hypnotic states when I have purposely tried to force a conclusion at variance with their own observations. It must be underlined here that at a conversational level it is possible to force acceptance of ideas from the hypnotized subject. Ideomotor responses are more honest. They are often at variance with verbal answers to questions.

SUMMARY

Subjects who are consciously willing but who show unconscious signs of rejecting hypnosis may be doing so because they have at some time experienced a spontaneous trance state during great emotional stress. Methods of helping these subjects to uncover the blocking experience are described, and a typical case is presented in detail. Of 58 such subjects who permitted investigation with ideomotor questioning techniques there was none who failed to recall a key experience. All were subsequently able to enter and use hypnosis profitably.

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